

**CEMETERY AND FUNERAL BUREAU**

PO Box 989003

West Sacramento, CA 95798-9003

(916) 574-7870 FAX (916) 574-8620



APPLICATION FOR ASSIGNMENT OF FUNERAL ESTABLISHMENT
APPLICATION FEE \$300

SECTION A: FUNERAL ESTABLISHMENT INFORMATION										
Name of Funeral Establishment					License Number FD		Expiration Date			
New Name of Funeral Establishment (if different than above)					E-mail Address (not required)					
Address of Funeral Establishment					City		State CA		Zip Code	
Mailing Address of Funeral Establishment (if applicable)					City		State		Zip Code	
Phone Number ()			Fax Number ()			E-mail Address (Not required)				
Name of Establishment Designated as the Main Office (required only if sharing manager or preparation and/or storage)					License Number FD		Miles from FD listed in Section A			
Address of Main Office				City		State CA		Zip Code		
SECTION B: NAME OF APPLICANT (if corporation, submit a resolution delegating authority to applicant to submit the application)										
Last Name			First			Telephone Number (if different than above) ()				
SECTION C: NAME OF DESIGNATED FUNERAL DIRECTOR										
Last Name			First			License Number FDR		Expiration Date		
Sharing Funeral Director (if applicable, must be under common ownership, and within 60 miles of main office)										
Designated Funeral Director have also been approved to manage the following licensed Funeral Establishments.			FD #		FD #		FD #		FD #	
SECTION D: LOCATION OF PREPARATION AND STORAGE										
Storage on Site: <input type="checkbox"/> Yes <input type="checkbox"/> No Preparation on Site: <input type="checkbox"/> Yes <input type="checkbox"/> No					APPOVAL TO SHARE					
If yes to both, proceed to Section E					Sharing: <input type="checkbox"/> Yes <input type="checkbox"/> No Must be within 60 miles of the main office if sharing.					
Address of Preparation and/or Storage (if different from establishment address)					Sharing with the Following Establishment(s)					
<input type="checkbox"/> Storage <input type="checkbox"/> Preparation or <input type="checkbox"/> Both					FD #		Miles From Main Office		Under Common Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street _____ City _____ Zip _____									No, submit contractual agreement	
<input type="checkbox"/> Storage <input type="checkbox"/> Preparation or <input type="checkbox"/> Both					FD #		Miles From Main Office		Under Common Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street _____ City _____ Zip _____									No, submit contractual agreement	
FOR BUREAU USE ONLY										
Date Cashiered			Amount Received			ATS ID Number			Receipt Number	
Affidavit's Received	Common Ownership Checked	Within 60 Miles	Inspection Notice Sent (If applicable)	Application Approved	Relate License	Statues/Notes Screen	New Establishment License Ordered	Duplicate Manager License Ordered (If required)		

SECTION E: OWNERSHIP (INDIVIDUAL, PARTNERSHIP OR CORPORATION)			
Effective Date of Sale		FEIN Number	
If owner is an INDIVIDUAL , complete the following:			
Last Name	First	Middle Initial	
ATTACH A COMPLETED CERTIFICATION AFFIDAVIT WITH THIS APPLICATION.			
If owner is a PARTNERSHIP – List all general partners (Submit a partnership agreement, attach additional pages as needed)			
Last Name	First	Middle Initial	% Owned
ATTACH A COMPLETED CERTIFICATION AFFIDAVIT FOR EACH PARTNER.			
If owner is a CORPORATION , complete the following (attach a copy of the articles of incorporation)			
Name of Corporation (exact name as shown on Articles of Incorporation)			
Address (If different than establishment address)	City	State	Zip
Incorporated in State of	Date Incorporated		
CORPORATE OFFICERS – List the top 4 Senior Officers of the Corporation			
Title	Last Name	First Name	Middle Initial
President			
Vice President			
Treasurer			
Secretary			
ATTACH A COMPLETED CERTIFICATION AFFIDAVIT FOR EACH OFFICER.			
SECTION F: FUNERAL TRUST FUNDS PRENEED REPORTING			
This funeral establishment has: (check one)			
1. <input type="checkbox"/> No Preneed trust accounts.(submit a completed preneed funeral trust fund declaration of non reporting status)			
2. <input type="checkbox"/> Preneed trust accounts but they are non-reportable. (SUBMIT a completed preneed funeral trust fund declaration of non reporting status)			
3. <input type="checkbox"/> Has reportable Preneed trust accounts.(SUBMIT a trust fund report up to the date of sale)			
SECTION G: TRUSTEE’S (If applicable, only one Trustee can be an employee or officer of the funeral establishment)			
Last Name	First Name	Middle Initial	
ATTACH A COMPLETED CERTIFICATION AFFIDAVIT FOR EACH TRUSTEE.			

SECTION H: CERTIFICATION OF ASSIGNEES (Buyers)			
<p>We/I desiring to transact the business of a Funeral Establishment within the State of California, hereby make application for the assignment of the funeral establishment listed on page 1 of this application, pursuant to the provisions of Section 7630 of the California Business and Professions Code.</p> <p>I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate.</p>			
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
SECTION I: ASSIGNORS (Sellers)			
<p>I/We, the present holders of the Funeral Establishment License Number _____, hereby consent to the above-referenced assignment and relinquish all my/our right, title, and interest in the said license. It is understood that the assignor(s), pending approval of this application, is/are responsible under the above named License Number. I/We certify under penalty of perjury that the foregoing is true and correct.</p> <p>I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate.</p>			
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
SECTION J: ESTATE (For use if Assignment is from an Estate, submit the death certificate, copies of the probate court's testamentary letters, and the probate court's interim or final disposition papers with this application.)			
Signature of Executor/Trix of Estate	Print Name	Date	
Signature of Executor/Trix of Estate	Print Name	Date	
SECTION K: CREMATED REMAINS CERTIFICATION			
<p>The funeral establishment identified on page one of this application has disposed of all cremated remains, which have been in my/our custody and that at this time there are no cremated remains on the premises.</p>			
Signature of Assignee	Print Name	Date	
Signature of Assignor	Print Name	Date	
SECTION L: CERTIFICATION OF APPLICANT			
<p>I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate.</p>			
Signature	Title	Date	

Note: The information solicited on this form is required pursuant to Business and Professions Code Section 7630. All items in this application are mandatory; none are voluntary, unless stated. Failure to provide any of the requested information will result in the application being considered incomplete (incomplete applications are subject to abandonment one year from the date the applicant is notified of deficiencies). All information provided will be used to determine qualification for licensure, per the Business and Professions Code that authorizes the collection of this information. Per California Civil Code Section 1798.17 (Information Practice Act), the Chief of the Cemetery and Funeral Bureau is responsible for maintaining information in this application. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by Section 1798.40 of the Civil Code. Requests for information may be addressed to the custodian of records: Bureau Chief, Cemetery and Funeral Bureau, 1625 North Market Blvd., Suite S-208, Sacramento, CA 95834, (916) 574-7870.



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CERTIFICATION AFFIDAVIT

To be completed by each Owner, Partner, Officer, and Trustee (Make additional copies as needed).

I am completing this Affidavit as a:			
Sole Owner <input type="checkbox"/>	Partner <input type="checkbox"/>	Officer <input type="checkbox"/>	Trustee <input type="checkbox"/>
Name of Funeral Establishment, Cemetery, Crematory or Corporation this Affidavit is being submitted on behalf of			
Phone Number ()		License Number of FD, CR or COA (If applicable)	
Last Name	First	Middle Initial	
Address	City	State	Zip Code
Date of Birth	Social Security Number	Title (If applicable)	
Have you previously submitted fingerprint cards or a copy of a Request for Live Scan Service Form to the Cemetery and Funeral Bureau? If yes , for what license, and the approximate date. _____			<input type="checkbox"/> No <input type="checkbox"/> Yes
If no, submit a copy of your completed Request for Live Scan Service form, along with this application, verifying that fingerprints have been scanned and all applicable fees have been paid.			
Have you ever been convicted of, or pled no contest to, a violation of any law of a foreign country, the United States, any state or local jurisdiction? You must include all misdemeanor and felony convictions, regardless of the age of the conviction, including those which have been set aside and/or dismissed under Penal Code section 1000 or 1203.4. (Traffic violations of \$500 or less need not be reported.) If "yes," please attach an explanation that includes the type of violation, the date, circumstances and location, and the complete penalty received.			<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever had any professional or vocational license or registration denied, suspended, revoked, placed on probation or other disciplinary action taken by this or any other governmental authority in this state or any other state, or any foreign country If "yes," please attach an explanation that includes license type, action, and company name (if applicable), year of action and state.			<input type="checkbox"/> No <input type="checkbox"/> Yes

I hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers and representations made in the foregoing certification affidavit, including all supplementary statements.

Signature

Date

FOR BUREAU USE ONLY

Fingerprints on File with	Live Scan Results Received on	
Approved by	Enforcement Approval	Date

Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405 (c)(2)(c)) authorizes the collection of your Social Security Number (SSN). The disclosure of your SSN is mandatory. The information will be used exclusively for tax enforcement purposes and for purposes of compliance with Section 11350.6 of the Welfare and Institutions Code. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you. Questions regarding this requirement must be directed to the Franchise Tax Board: So. California (800) 852-7050, No. California (800) 852-5711, or Sacramento at (916) 369-0500.

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INFORMATION AND CHECK LIST FOR COMPLETING AN ASSIGNMENT APPLICATION

The attached application must be completed when a funeral establishments changes ownership, incorporates, adds a partner, or when the owner dies leaving the funeral establishment as all or part of an estate.

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR ASSIGNMENT

Section A: Funeral Establishment Information

Section B: Name of Applicant (person submitting the application, on behalf of themselves, a partnership or a corporation)

Section C: Designate a Funeral Director (if sharing the designated funeral director list all additional establishments the funeral director has been approved to manage.)

Section D: Location of Preparation and/or Storage (state if onsite, if not, address of preparation and/or storage and if sharing who are you sharing with (if not under common ownership, submit a contractual agreement with this application))

Section E: Ownership (state if you are filling as a Individual, a partnership or a corporation, fill out the corresponding information (a certification affidavit must be submitted for individual owners, partners or corporate officers)

Section F: Funeral Trust Fund Preneed Reporting (check one and submitted the required form up to the date of sale)

Section G: Trustees (to be completed only if you plan to have individual trustees, a certification affidavit must be submitted for each trustee)

Section H: Certification of Assignees (Buyers)

Section I: Certification of Assignors (Sellers)

Section J: Estate (for use if assignment if from an Estate, submit a death certificate, copies of the probate court's testamentary letters, and the probate courts interim or final disposition papers with this application)

Section K: Cremated Remains Certification

Section L: Certification of Applicant

CHECK LIST

- ☐ A completed application with the required fees.
- ☐ A copy of the articles of incorporation if a corporation (include a corporate resolution specifically authorizing the applicant to pursue the application on behalf of the corporation).
- ☐ A copy of a Partnership agreement if a partnership.
- ☐ Include a certification affidavit for each owner, partner, corporate officer and trustee.
- ☐ If you are sharing preparation and/or storage and it is not under common ownership, submit a contractual agreement with the establishment you are sharing with.
- ☐ A completed preneed funeral trust fund declaration of non-reporting status or a trust fund report up to the date of sale.
- ☐ Return the original wall license (keep the renewal to show your license is current).
- ☐ Submit a copy of the sales agreement.